

**United States Bankruptcy Court  
Eastern District of California, Sacramento Division**

**IN RE:**Case No. 14-31660Harris,, David J Jr. & Harris, Jennifer RChapter 7

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 24,131.08		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 8,300.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 274,777.46	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 4,896.83
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 6,005.00
TOTAL		23	\$ 24,131.08	\$ 283,077.46	

**United States Bankruptcy Court  
Eastern District of California, Sacramento Division**

**IN RE:**Case No. **14-31660****Harris,, David J Jr. & Harris, Jennifer R**Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

<b>Type of Liability</b>	<b>Amount</b>
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>8,300.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>8,300.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>4,896.83</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>6,005.00</b>
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ <b>4,860.99</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>8,300.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>274,777.46</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>274,777.46</b>

**IN RE Harris,, David J Jr. & Harris, Jennifer R**

Case No. **14-31660**

Debtor(s)

(If known)

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on hand</b>	<b>C</b>	<b>140.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Wells Fargo checking acct#...8439</b>	<b>C</b>	<b>16.08</b>
		<b>Wells Fargo savings acct#...1447</b>	<b>C</b>	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Household goods - furniture, electronics, knick-knacks, etc</b>	<b>C</b>	<b>1,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, pictures &amp; other art</b>	<b>C</b>	<b>100.00</b>
6. Wearing apparel.		<b>Wearing apparel</b>	<b>C</b>	<b>400.00</b>
7. Furs and jewelry.		<b>Jewelry</b>	<b>C</b>	<b>2,000.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>33.9% interest in Uncorked Health &amp; Wellness, Inc</b>	<b>C</b>	<b>10,000.00</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			

IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 BMW 528i with 176,000 miles Fair condition</b>	<b>C</b>	<b>1,275.00</b>
		<b>2000 BMW 328i with 165,000 miles Good condition</b>	<b>C</b>	<b>2,900.00</b>
		<b>2002 BMW 530i with 132,000 miles Good condition</b>	<b>C</b>	<b>5,700.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			

IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.		Bentley - Pom/Chihuahua Mix	C	100.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				24,131.08

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash on hand	CCCP § 703.140(b)(5)	140.00	140.00
Wells Fargo checking acct#...8439	CCCP § 703.140(b)(5)	16.08	16.08
Household goods - furniture, electronics, knick-knacks, etc	CCCP § 703.140(b)(3)	1,500.00	1,500.00
Books, pictures & other art	CCCP § 703.140(b)(3)	100.00	100.00
Wearing apparel	CCCP § 703.140(b)(3)	400.00	400.00
Jewelry	CCCP § 703.140(b)(4) CCCP § 703.140(b)(5)	1,525.00 475.00	2,000.00
33.9% interest in Uncorked Health & Wellness, Inc	CCCP § 703.140(b)(5)	10,000.00	10,000.00
1997 BMW 528i with 176,000 miles Fair condition	CCCP § 703.140(b)(5)	1,275.00	1,275.00
2000 BMW 328i with 165,000 miles Good condition	CCCP § 703.140(b)(5)	2,900.00	2,900.00
2002 BMW 530i with 132,000 miles Good condition	CCCP § 703.140(b)(2) CCCP § 703.140(b)(5)	5,100.00 600.00	5,700.00
Bentley - Pom/Chihuahua Mix	CCCP § 703.140(b)(3)	100.00	100.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)



IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	<b>C</b>	<b>2013 taxes</b>				<b>8,300.00</b>	<b>8,300.00</b>	
ACCOUNT NO. <b>US Attorney (For IRS)</b> <b>501 I St Ste 10-100</b> <b>Sacramento, CA 95814-7300</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO. <b>Department of Justice</b> <b>PO Box 683</b> <b>Washington, DC 20044-0683</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO. <b>Internal Revenue Service</b> <b>11601 Roosevelt Blvd</b> <b>Philadelphia, PA 19154-2117</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page)

\$ **8,300.00** \$ **8,300.00** \$

Total

\$ **8,300.00**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **8,300.00** \$

IN RE Harris,, David J Jr. & Harris, Jennifer RCase No. 14-31660

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>729196xxxx</b> <b>Affiliated Acceptance Co.</b> <b>PO Box 790001</b> <b>Sunrise Beach, MO 65079-9001</b>	<b>C</b>	<b>Past due account</b>				<b>750.00</b>
ACCOUNT NO. <b>384A63148</b> <b>Anthem Blue Cross L and H</b> <b>PO Box 54010</b> <b>Los Angeles, CA 90054-0010</b>	<b>C</b>	<b>Past due insurance</b>				<b>720.00</b>
ACCOUNT NO. <b>4266922010635668</b> <b>Chase Bank USA NA</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b>	<b>C</b>	<b>Judgment</b>				<b>62,357.01</b>
ACCOUNT NO. <b>Sacor Financial, Inc</b> <b>1911 Douglas Blvd # 85-205</b> <b>Roseville, CA 95661-3811</b>		<b>Assignee or other notification for:</b> <b>Chase Bank USA NA</b>				
Subtotal (Total of this page)						\$ <b>63,827.01</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

6 continuation sheets attached

IN RE Harris,, David J Jr. &amp; Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Collection Service of Nevada</b> <b>777 Forest St</b> <b>Reno, NV 89509-1711</b>	<b>C</b>	<b>Collections account</b>				<b>Unknown</b>
ACCOUNT NO. <b>52683430</b> <b>Credit Management LP</b> <b>4200 International Pkwy</b> <b>Carrollton, TX 75007-1912</b>	<b>C</b>	<b>Collections account for Charter</b>				<b>755.58</b>
ACCOUNT NO. <b>Data Line Credit Corp</b> <b>PO Box 5790</b> <b>Huntington Beach, CA 92615-5790</b>	<b>C</b>	<b>Collections account for Northstar Imaging</b>				<b>629.39</b>
ACCOUNT NO. <b>001926941</b> <b>Data-Central Collection Bureau</b> <b>PO Box 9399</b> <b>Fresno, CA 93792-9399</b>	<b>C</b>	<b>Collections account for Central CA Urgent Care</b>				<b>117.98</b>
ACCOUNT NO. <b>18519</b> <b>Docs Medical Group DBA Pulse Urgent</b> <b>PO Box 994190</b> <b>Redding, CA 96099-4190</b>	<b>C</b>	<b>Medical</b>				<b>136.29</b>
ACCOUNT NO. <b>16896</b> <b>Docs Medical Group DBA Pulse Urgent</b> <b>PO Box 994190</b> <b>Redding, CA 96099-4190</b>	<b>C</b>	<b>Medical</b>				<b>248.56</b>
ACCOUNT NO. <b>444-2926-4</b> <b>Employment Development Dept.</b> <b>PO Box 989061</b> <b>West Sacramento, CA 95798-9061</b>	<b>C</b>	<b>Corporate debt</b>				<b>15,339.48</b>

Sheet no. 1 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **17,227.28**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

IN RE Harris,, David J Jr. & Harris, Jennifer RCase No. 14-31660

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3909</b> <b>Ford Credit</b> <b>PO Box 552679</b> <b>Detroit, MI 48255-2679</b>	<b>C</b>	<b>Repossession in 2010</b>				<b>50,000.00</b>
ACCOUNT NO. <b>Franchise Tax Board</b> <b>PO Box 942857</b> <b>Sacramento, CA 94257-0001</b>	<b>C</b>	<b>2002 through 2009 taxes</b>				<b>25,000.00</b>
ACCOUNT NO. <b>Loan# 4019453</b> <b>Gcfs, Inc</b> <b>4301 Second Wind Way</b> <b>Paso Robles, CA 93446-6304</b>	<b>C</b>	<b>Collections account for Cashcall</b>				<b>9,371.87</b>
ACCOUNT NO. <b>Cashcall</b> <b>PO Box 66007</b> <b>Anaheim, CA 92816-6007</b>		<b>Assignee or other notification for: Gcfs, Inc</b>				
ACCOUNT NO. <b>717417949</b> <b>IC System</b> <b>PO Box 64378</b> <b>Saint Paul, MN 55164-0378</b>	<b>C</b>	<b>Collections account for Sprint</b>				<b>619.79</b>
ACCOUNT NO. <b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	<b>C</b>	<b>2002 through 2009 taxes</b>				<b>90,000.00</b>
ACCOUNT NO. <b>671526</b> <b>MD Collections</b> <b>PO Box 73848</b> <b>San Clemente, CA 92673-0129</b>	<b>C</b>	<b>Collections account for Laguna Beach Water District</b>				<b>335.14</b>

Sheet no. 2 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **175,326.80**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Harris,, David J Jr. &amp; Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mercy Medical Center Redding</b> <b>PO Box 743378</b> <b>Los Angeles, CA 90074-3378</b>	<b>C</b>	<b>Medical</b>				<b>3,500.00</b>
ACCOUNT NO. <b>854539xxxx</b> <b>Midland Funding LLC</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123-2255</b>	<b>C</b>	<b>Collections account for HSBC Bank</b>				<b>1,579.00</b>
ACCOUNT NO. <b>MVF 4340</b> <b>Mountain View Family Med Corp</b> <b>PO Box 496084</b> <b>Redding, CA 96049-6084</b>	<b>C</b>	<b>Medical</b>				<b>70.56</b>
ACCOUNT NO. <b>MVF 3287</b> <b>Mountain View Family Med Corp</b> <b>PO Box 496084</b> <b>Redding, CA 96049-6084</b>	<b>C</b>	<b>Medical</b>				<b>99.15</b>
ACCOUNT NO. <b>157xxxx</b> <b>National Business Factor</b> <b>969 Mica Dr</b> <b>Carson City, NV 89705-7170</b>	<b>C</b>	<b>Collections account for Humboldt General Hospital</b>				<b>4,680.00</b>
ACCOUNT NO. <b>524669</b> <b>Phillip B Willette Co., LPA</b> <b>PO Box 26042</b> <b>Columbus, OH 43226-0042</b>	<b>C</b>	<b>Collections account for AmerAssist A/R Solutions</b>				<b>1,931.00</b>
ACCOUNT NO. <b>AmerAssist A/R Solutions</b> <b>445 Hutchinson Ave Ste 500</b> <b>Columbus, OH 43235-8616</b>		<b>Assignee or other notification for:</b> <b>Phillip B Willette Co., LPA</b>				

Sheet no. 3 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **11,859.71**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Harris,, David J Jr. & Harris, Jennifer RCase No. 14-31660

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1207142</b> <b>Placer Creditors Bureau</b> <b>PO Box R</b> <b>Roseville, CA 95678-0406</b>	<b>C</b>	<b>Collections account for Placer County Water Agency; Surewest Telephone</b>				<b>550.03</b>
ACCOUNT NO. <b>5178057321347747</b> <b>Portfolio Recovery Associates, LLC</b> <b>120 Corporate Blvd</b> <b>Norfolk, VA 23502-4962</b>	<b>C</b>	<b>Collections account for Capital One Bank</b>				<b>1,136.58</b>
ACCOUNT NO. <b>5155990003033697</b> <b>Portfolio Recovery Associates, LLC</b> <b>120 Corporate Blvd</b> <b>Norfolk, VA 23502-4962</b>	<b>C</b>	<b>Collections account for HSBC Card Services</b>				<b>541.08</b>
ACCOUNT NO. <b>34055636</b> <b>Receivables Performance Management, LLC</b> <b>20816 44th Ave W</b> <b>Lynnwood, WA 98036-7744</b>	<b>C</b>	<b>Collections account for Dish</b>				<b>128.04</b>
ACCOUNT NO. <b>771512</b> <b>Sierra Receivables Management</b> <b>2500 Goodwater Ave # A</b> <b>Redding, CA 96002-1562</b>	<b>C</b>	<b>Collections account for Shasta Orthopedics</b>				<b>164.90</b>
ACCOUNT NO. <b>784352</b> <b>Sierra Receivables Management</b> <b>2500 Goodwater Ave # A</b> <b>Redding, CA 96002-1562</b>	<b>C</b>	<b>Collections account for Docs Medical (Pacific Health)</b>				<b>149.51</b>
ACCOUNT NO. <b>771793</b> <b>Sierra Receivables Management</b> <b>2500 Goodwater Ave # A</b> <b>Redding, CA 96002-1562</b>	<b>C</b>	<b>Collections account for ELizabeth Stratte, MD</b>				<b>80.44</b>

Sheet no. 4 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,750.58**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Harris,, David J Jr. &amp; Harris, Jennifer R

Case No. 14-31660

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 13116000257xxxx <b>States Recovery System, Inc</b> <b>2951 Sunrise Blvd</b> <b>Rancho Cordova, CA 95742-6550</b>	<b>C</b>	<b>Collections account for City of Redding</b>				<b>761.00</b>
ACCOUNT NO. 26877 <b>Sunset Urgent Care</b> <b>3689 Eureka Way</b> <b>Redding, CA 96001-0177</b>	<b>C</b>	<b>Medical</b>				<b>239.13</b>
ACCOUNT NO. <b>Sierra Receivables Management</b> <b>2500 Goodwater Ave # A</b> <b>Redding, CA 96002-1562</b>		<b>Assignee or other notification for:</b> <b>Sunset Urgent Care</b>				
ACCOUNT NO. ITB0XDQPDQ <b>Tek Collect</b> <b>PO Box 1269</b> <b>Columbus, OH 43216-1269</b>	<b>C</b>	<b>Collections account for Hanger Prosthetics &amp; Orthotics</b>				<b>120.39</b>
ACCOUNT NO. <b>Hanger Clinic</b> <b>1477 Lincoln St</b> <b>Redding, CA 96001-2641</b>		<b>Assignee or other notification for:</b> <b>Tek Collect</b>				
ACCOUNT NO. <b>Hanger Prosthetics &amp; Orthotics</b> <b>24 Antelope Blvd</b> <b>Red Bluff, CA 96080-2807</b>		<b>Assignee or other notification for:</b> <b>Tek Collect</b>				
ACCOUNT NO. 10106747 <b>Total Card, Inc</b> <b>5109 S Broadband Ln</b> <b>Sioux Falls, SD 57108-2208</b>	<b>C</b>	<b>Collections account for Verizon Wireless</b>				<b>1,150.09</b>

Sheet no. 5 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,270.61**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Harris,, David J Jr. & Harris, Jennifer R Case No. 14-31660  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Pinnacle Credit Services</b> <b>PO Box 640</b> <b>Hopkins, MN 55343-0640</b>		<b>Assignee or other notification for:</b> <b>Total Card, Inc</b>				
ACCOUNT NO. <b>Multiple</b> <b>Wells Fargo Bank</b> <b>830 E Cypress Ave</b> <b>Redding, CA 96002-1004</b>	<b>C</b>	Overdrawn accounts Acct#...3580 Acct#...6854 Acct#...6566 Acct#...1395				<b>1,281.32</b>
ACCOUNT NO. <b>09 0091 71826</b> <b>Wells Fargo Card Services</b> <b>PO Box 3117</b> <b>Winston Salem, NC 27102-3117</b>	<b>C</b>	<b>Revolving account</b>				<b>234.15</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

IN RE Harris,, David J Jr. & Harris, Jennifer R

Debtor(s)

Case No. 14-31660

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor’s interest in contract, i.e., “Purchaser,” “Agent,” etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR’S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE Harris,, David J Jr. & Harris, Jennifer R

Debtor(s)

Case No. 14-31660

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

## Fill in this information to identify your case:

Debtor 1 **David J Harris, Jr.**  
First Name Middle Name Last Name

Debtor 2 **Jennifer R Harris**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California, Sacramento Division

Case number (if known) **14-31660**

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

☒ Employed  
☐ Not employed

☒ Employed  
☐ Not employed

## Occupation

**Marketing - 1099****Administrative Assistant**

## Employer's name

**Uncorked Health & Wellness Inc****Wright Education Services**

## Employer's address

**1320 Yuba St # 102**  
Number Street**2660 Victor Ave**  
Number Street**Redding, CA 96001-1055**City State ZIP Code**Redding, CA 96002-1432**City State ZIP Code

## How long employed there?

**1 years and 6 months****8 months**

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

## 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$ **0.00**\$ **487.39**

## 3. Estimate and list monthly overtime pay.

3.

+\$ **0.00**+ \$ **0.00**

## 4. Calculate gross income. Add line 2 + line 3.

4.

\$ **0.00**\$ **487.39**

Debtor 1

**David J Harris, Jr.**

First Name

Middle Name

Last Name

Case number (if known) **14-31660**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	\$ <b>0.00</b>	\$ <b>487.39</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>45.40</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h. + \$ <b>0.00</b>	+ \$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>0.00</b>	\$ <b>45.40</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>441.99</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>4,454.84</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h. + \$ <b>0.00</b>	+ \$ <b>0.00</b>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <b>4,454.84</b>	\$ <b>0.00</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>4,454.84</b>	\$ <b>441.99</b>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <b>0.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>4,896.83</b>	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>None</b>		Combined monthly income

**Fill in this information to identify your case:**

Debtor 1 David J Harris, Jr.  
First Name Middle Name Last Name

Debtor 2 Jennifer R Harris  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California, Sacramento Division

Case number 14-31660  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form 6J**

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:** Describe Your Household

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

Daughter

18

- ☐ No
- ☒ Yes

Daughter

16

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2:** Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 1,495.00

**If not included in line 4:**

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 20.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

**David J Harris, Jr.**

First Name

Middle Name

Last Name

Case number (if known) **14-31660**

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
6d. Other. Specify: <u>See Schedule Attached</u>	6d. \$ <u>340.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>800.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>10.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>300.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>400.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>300.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>200.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>340.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>See Schedule Attached</u>	16. \$ <u>1,400.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 **David J Harris, Jr.**  
First Name Middle Name Last Name

Case number (if known) **14-31660**

21. **Other.** Specify: **See Schedule Attached**

21. **+\$ 100.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 6,005.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 4,896.83**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 6,005.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ -1,108.17**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

**Debtors' daughters both need braces plus oral surgery and one daugghter has a knee injury --- this explains the high out of pocket medical**



IN RE Harris,, David J Jr. & Harris, Jennifer R

Case No. 14-31660

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

**Continuation Sheet - Page 1 of 1**

Other Utilities (DEBTOR)

**Cell Phones**

**220.00**

**Cable & Internet**

**120.00**

Taxes (DEBTOR)

**EDD**

**400.00**

**IRS**

**1,000.00**

Other Expenses (DEBTOR)

**Auto Registration**

**60.00**

**Pet Care**

**40.00**



IN RE Harris,, David J Jr. & Harris, Jennifer RCase No. 14-31660

Debtor(s)

**BUSINESS INCOME AND EXPENSES**  
**Continuation Sheet - Page 1 of 1**

Other:

<b>Supplies</b>	<b>18.50</b>
<b>Advertising</b>	<b>100.00</b>
<b>Car, delivery &amp; travel</b>	<b>93.33</b>
<b>Telephone</b>	<b>100.00</b>
<b>Insurance</b>	<b>150.00</b>

IN RE Harris,, David J Jr. & Harris, Jennifer RCase No. 14-31660

Debtor(s)

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: December 8, 2014 Signature: /s/ David J Harris, Jr.  
David J Harris, Jr.

Debtor

Date: December 8, 2014 Signature: /s/ Jennifer R Harris  
Jennifer R Harris

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Harris,, David J Jr. & Harris, Jennifer RCase No. 14-31660

Debtor(s)

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 12/08/2014

Signature: \_\_\_\_\_

David J Harris, Jr.

Debtor

Date: 12/08/2014

Signature: \_\_\_\_\_

Jennifer R Harris

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*